EDITORIALS

INDEMNITY DEFENSE FUND DISCONTINUED

All of the 1349 members of the Indemnity Defense Fund should carefully read the resolution of the House of Delegates published on page 351 of this issue of the Journal. This resolution authorizes the Council to discontinue Indemnity Defense as an association undertaking. A letter, embodying and explaining this resolution, has been sent by the secretary to all members of the Fund. No new members will be accepted in the Fund, but those who are already members will be protected under the terms of the Fund until due notice has been given and opportunity presented to transfer the protection to a "blanket policy"—coverage now being negotiated by the Council in accordance with resolutions of the House of Delegates.

The two actions taken by the House of Delegates in discontinuing "Medical Defense" and "Indemnity Defense" by the association might, upon cursory examination, seem like a backward step. If the Medical Association was an organization devised to transact business with other business organizations it could not only handle its own insurance and defense as an organization, but it could do many other things worthwhile for physicians and particularly for the public whom they serve. However, with the loose democratic type of organization which cannot and probably should not be changed, it is utterly impossible for it to engage in any movement requiring mass action along business, as distinguished from professional, lines. After years of study and experience with Medical Defense and Indemnity Defense, two of the simplest of propositions from a business standpoint, the Council has wisely recommended the change of policy outlined in the resolutions.

It now remains to be seen whether a sufficient number of members desire to manifest enough cooperation to insure the success of a "blanket policy," so advantageous to all wishing protection in practicing their profession without the worries so often promoted by the vagaries of unhappy and disappointed sick people. The physician who today engages in the hazardous vocation of the practice of medicine without adequate legal and indemnity protection is blind to his own future welfare and negligent of the future of those dependent upon him.

MEDICAL DEFENSE TO BE TERMINATED

Every member of the California Medical Association should carefully read the resolution passed by the House of Delegates on June 23 relating to Medical Defense. The resolution with explanatory comment is published on page 351 of this issue of the Journal.

Medical Defense, as one of the perquisites of membership in the California Medical Association and paid for out of the dues, always has been criticized by some members for one or more of several reasons. Nothing would be gained under present conditions by reviewing these reasons. Some of them are important and from a standpoint of fairness have merit. Others are but the excuses of those who do not really wish to co-operate with their fellows and who take advantage of opportunities to offer destructive criticism.

The important points to be borne in mind by all members are (1) that malpractice suits or threatened suits arising out of your professional service after June 30, 1924, will not be defended by your association; (2) a plan is being worked out for an optional defense and a blanket policy for those who desire it and are acceptable from an actuarial standpoint and are willing to pay for it; (3) when the obligations of the association to its members have been fulfilled, the decreased work will make a decrease in dues possible.

INDUSTRIAL PHYSICIANS AND SURGEONS SERVICE CARDS

The alleged abuse of the provisions of the Workmen's Compensation Law regarding the substance, methods of distribution, and uses of medical service cards has been for a long time the source of controversy and, in some instances, drastic disciplinary action in some sections of the State. Upon due application the matter has been brought before the Council with a request for a ruling. The subject has had extensive and earnest consideration by a special committee, by the officers of the association, and by the Council as a whole. At a meeting of the Council on June 23, 1923, the following resolution bearing upon the subject was passed unanimously:

Resolved, That it is the opinion of the Council of the California Medical Association that all medical service cards should be the property of the insurance carrier and/or the employer where such card is displayed. It is also the sense of the Council that all the expense of providing medical service cards should be borne by the insurance carrier and/or the employer; and be it further

Resolved, That it shall be considered unethical conduct on the part of any member of the California Medical Association to permit his or her name to appear on any medical service card unless the name of the insurance carrier and/or the name of the employer appears in bold type at the top of the medical service card, and that no reading matter shall appear on the medical service card with reference to the physician or surgeon, except his or her name, office location, and hours and telephone numbers; or to print, distribute, or use any medical service card. It will be proper to have on the medical service card the necessary hospital and ambulance service information; and be it further

Resolved, That all medical service order blanks shall have at the top of the card "Medical Service Order of ....." and insert here the name of the insurance carrier and/or the employer. The medical service order blank should be printed in such manner as to clearly indicate that it is a medical service order from the insurance carrier and/or the employer, and not a medical service order blank of the physician or surgeon, himself.

It is hoped and believed that compliance with the provisions of this resolution will solve an irritating problem to the satisfaction of members of our association, the insurance carriers and em-